



Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

# The Commonwealth of Massachusetts

## Department of Public Safety

One Ashburton Place, Room 1301

Boston, Massachusetts 02108-1618

Phone (617) 727-3200

Fax (617) 727-5732

Robert C. Haas  
Secretary

Thomas G. Gatzert P.E.  
Commissioner

Application for license as Constructor, Maintenance or Repairman of Elevators in accordance with the provisions of General Laws, Chapter 143 as amended by Chapter 687, Acts of 1985

Fill out this form in ink and accompany same with the application fee of \$75.00 & forward to the above address.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Initial \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_ Height \_\_\_\_\_ ft. \_\_\_\_\_ in. \_\_\_\_\_

Name & address of your present elevator Employer \_\_\_\_\_ Starting date \_\_\_\_\_

Name & address(es) of your previous Elevator Company Employer(s) \_\_\_\_\_ Starting date \_\_\_\_\_ Termination date \_\_\_\_\_

Have you ever been examined for a Massachusetts license? \_\_\_\_\_. If "yes" give date \_\_\_\_\_

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A, I certify under the penalties of perjury that to my best knowledge and belief I have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

COMMONWEALTH OF MASSACHUSETTS, \_\_\_\_\_ SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared the above-named applicant and made oath that this statement and answers contained in this application, whether in writing or in print, are true.

Before me,

My commission expires \_\_\_\_\_

Notary Public \_\_\_\_\_

Applicant must sign their full name here, in the presence of the inspector who administers the oath

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date